



NURSING FACILITY SATISFACTION SURVEY GRANT APPLICATION

ND Department of Human Services
Medical Services Division
SFN 332 (2/2006)

| Name of Facility | Provider Number | | | | | | | | | | | | | | |
|--|-------------------|-------------------|---------|--|-------------------|-------------------|------------------|--|--|----------------|--|--|------------------|--|--|
| Address | City | State | Zipcode | | | | | | | | | | | | |
| <p>The nursing facility requests a grant of \$_____ for the purpose of paying for Resident, Family, and Employee Satisfaction Surveys conducted by My InnerView, Inc.</p> <table><thead><tr><th></th><th>Number of Surveys</th><th>Distribution Date</th></tr></thead><tbody><tr><td>Resident Surveys</td><td></td><td></td></tr><tr><td>Family Surveys</td><td></td><td></td></tr><tr><td>Employee Surveys</td><td></td><td></td></tr></tbody></table> <p>The nursing facility agrees to make survey results available to the Department of Human Services upon request</p> | | | | | Number of Surveys | Distribution Date | Resident Surveys | | | Family Surveys | | | Employee Surveys | | |
| | Number of Surveys | Distribution Date | | | | | | | | | | | | | |
| Resident Surveys | | | | | | | | | | | | | | | |
| Family Surveys | | | | | | | | | | | | | | | |
| Employee Surveys | | | | | | | | | | | | | | | |
| Name of Authorized Nursing Facility Representative | Title | | | | | | | | | | | | | | |
| Signature of Authorized Nursing Facility Representative | Date | | | | | | | | | | | | | | |

Return completed grant application to:

Medical Services Division
Department of Human Services
600 E Boulevard Avenue, Dept 325
Bismarck, ND 58505-0260